

MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION

M P E R A

**100 North Park Avenue
PO Box 200131
Helena, Montana 59620-0131
Phone: 406-444-3154**

REPORTING HANDBOOK FOR EMPLOYERS

Chapter 12

Information Pertaining to the Following System:

SHERIFFS' RETIREMENT SYSTEM (SRS)

For Use by All Payroll Clerks of Reporting Agencies

Chapter 12 - SRS

Section 1 Membership

Section 2 Membership Cards

Section 3 Contributions Rates

Section 4 Service Purchases

Section 5 Absences

Section 6 Final Salary

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Introduction

The Sheriffs' Retirement System (SRS) is a public pension system that provides retirement, disability, and death benefits for Montana sheriffs hired after July 1, 1974 and Department of Justice investigators hired after July 1, 1993.

Besides general information, this chapter provides a summary of the law contained in Title 19, Chapters 2 and 7, MCA. Our staff conducted careful research to ensure this chapter accurately reflects the law that governs the SRS. If this handbook differs from the law or rules as interpreted by staff, the law or rules will apply.

Mandatory Membership

Membership is required for an elected or appointed county sheriff or undersheriff; an appointed, lawfully trained, appropriately salaried, and regularly acting deputy sheriff; and a criminal or gambling investigator of the Department of Justice.

Each employee in a covered position must complete a membership card upon employment. A member **may not stop membership without ending employment**. The employer must send the card to the MPERA with the first monthly payroll report that lists the new member. **All newly hired employees must submit a new membership card even if they are already SRS members.**

Each employee in a covered position must complete a membership card upon employment.

The MPERA will **not pay a benefit or refund** to a member unless the MPERA has a membership card on file. Members are responsible for keeping the information current. Members may update information by completing a new card and sending it to the MPERA. Marriage, birth of a child, divorce, and death of a beneficiary are some reasons for submitting an updated membership card.

System Requirements

Optional Membership	<p>A sheriff who was a member of the Public Employees' Retirement System (PERS) on July 1, 1974, or an investigator who was a member of the PERS on July 1, 1993, has the option to remain with the PERS or may join the SRS at any time before retirement.</p> <p>A member of the PERS who begins employment in a SRS-covered position on or after March 21, 2001, may remain in the PERS or may become a member of the SRS. This election must be made within 30 days after beginning employment in the SRS-eligible position.</p> <p>A member of the Municipal Police Officers' Retirement System (MPORS) who begins employment in a SRS-covered position following a city-county consolidation may remain in the MPORS or may become a member of the SRS. This election must be made within 30 days after beginning employment in the SRS-eligible position.</p>
Exclusion from Membership	<p>Only those professional law enforcement officers listed on the previous page may become members of the SRS. Other sheriff's department staff members are not eligible for membership in SRS. Jailers, matrons, dispatchers, communications officer, clerks, janitors, inmates, and special deputy sheriffs are not eligible to become members of the SRS.</p>

Membership Cards - SRS

New Employees

Each employee must complete a membership card on the first day of employment. The employee must complete both sides of the card. The employee must sign the card and a disinterested third party must witness the signature. The employer must send the card to the MPERA with the first payroll report which lists the employee as a new member. Please do not send a membership card prior to the first payroll report which lists the member. Instructions for completing the membership card are at the end of this section.

When to Update The Information

Members should update the information on their membership card every few years or when any of the information changes. Each year the MPERA sends a statement of account to all members, which also includes the beneficiary information on file with the MPERA. If the beneficiary information is out of date or wrong, the member should submit a new card. Members should complete a new card for any of the following reasons:

- Marriage
- Birth of children
- Divorce
- Death of a beneficiary
- Name changes for any other reason

The MPERA will contact the current beneficiary on file upon the death of a member. This information is extremely important and each member must keep it current and correct.

Refunds and other benefits cannot be processed unless a membership card is on file with the MPERA.

Beneficiaries

A member may designate any beneficiary the member chooses on the back of the membership card. The member may change beneficiaries any time by completing a new card and sending the card to the MPERA.

When a member dies before retirement, the beneficiaries may select one of the following options for which the member qualified and the beneficiary qualifies:

1. a lump-sum payment of the member's accumulated contributions;
or
2. a survivorship benefit equal to 2.5% of the member's Highest Average Compensation (HAC) for each year of service credit, re-

- duced by a factor based upon the number of years th member's age was less than age 65, or the number of years required for the member to have completed 20 years of membership service, whichever provides for the larger benefit; or
3. a survivorship benefit equal to one-half the member's HAC, if the board finds the member died as a direct and proximate result of injuries received in the course of employment

The terms beneficiary, contingent annuitant and survivorship benefit mean very specific things within the SRS and are defined below:

Beneficiaries may be natural persons, trusts for the benefit of natural living persons and charitable organizations. A member may designate any of these beneficiaries on the membership card. A member may designate beneficiaries at retirement if they select the option 1 retirement benefit. The member may designate beneficiaries as either primary or contingent. Primary beneficiaries will receive benefits before any other beneficiaries. Contingent beneficiaries will only receive benefits if the primary beneficiaries are not living.

Contingent annuitants are persons a retired member designates to receive a continuing benefit under options two, three, or four after the retired member dies. The member cannot designate contingent annuitants before retirement, but must designate them when selecting the optional retirement. The member initially receives the benefit for life then the contingent annuitant receives a continuing benefit after the member's death. The important distinction is the contingent annuitant is not designated until the member selects a retirement option.

Survivorship Benefit is a monthly payment for life to the beneficiary of a vested member who dies while an active member.

If a member determines the beneficiary data on file with the MPERA is not correct, they should submit a new card.

Completing the Membership Card

All newly hired employees should fill out a membership card even if they are already members of the SRS. The employee should print or type all entries. See Figure 7 for a sample membership card.

1. **Check One.** Place a check beside Sheriffs' Retirement System (SRS). Also check the applicable position box.
2. **Name.** The employee's last name, first name, initial, and other former names (a family name or previous married name). The employee should include any other last name that may be on file with the MPERA
3. **Current personal mailing address.**
4. **Agency.** Agency that is presently hiring the employee or currently employs the member.
5. **Date of Birth.**
6. **Sex.** F for female, M for male.
7. **Check the appropriate reason** for submitting the card.
8. **Nomination of Beneficiary.** Each member must nominate at least one beneficiary. The member must provide the name, the complete date of birth, sex, and relationship for each beneficiary listed. Ensure the member circled "P" (Primary) or "C" (Contingent) for every beneficiary. Contingent means those beneficiaries will receive benefits only if the primary beneficiaries are deceased. If a member lists more than one primary beneficiary, they will be on a **share and share alike** basis. The member may specify a different distribution under "Other."
9. **Third Party Witness.** A person who witnesses the member's signature and must be someone other than the spouse, dependent child, or beneficiary.
10. **Signature.** The member's signature and the date the card is signed are required.

The member must provide the name, address, the complete date of birth, sex, and relationship for each beneficiary listed.

When submitting membership cards with your payroll, please verify the above items on each card. The MPERA must return all incomplete and incorrect membership cards. If you have any questions about completion of the membership card, please contact the MPERA **before** submitting the card.

System Requirements

Revised 09/01 (DO NOT USE EARLIER EDITIONS)				State of Montana	
Montana Public Employee Retirement Administration				P.O. Box 200131	
Helena, Montana 59620-0131				Telephone: 1-877-275-7372 outside the Helena area, or	
444-3154 in the Helena area				MEMBERSHIP CARD	
Check One					
? JUDGES RETIREMENT SYSTEM (JRS)					
? GAME WARDENS' & PEACE OFFICERS' RETIREMENT SYSTEM (GWPORS), Check applicable box:					
? Game Warden ? Motor Carrier Officer ? Campus Security Officer ? Prison Warden or Deputy ? Corrections Officer					
? Probation Officer ? Parole Officer ? Drill Instructor ? Stock Inspector ? Stock Detective ? Motor Vehicle Inspector					
(A PERS member who transfers to one of the above positions must choose to remain in PERS or join GWPORS within 30 days.)					
? SHERIFFS' RETIREMENT SYSTEM (SRS), Check applicable box:					
? Sheriff ? Under sheriff ? Deputy Sheriff ? Criminal or Gambling Investigator					
(A PERS member who transfers to one of the above positions must choose to remain in PERS or Join SRS within 30 days.)					
PLEASE USE INK AND PRINT OR TYPE					
Name: (Last)		(First & MI)		/ (Previous Last Name)	
Social Security Number					
Home Address: (Street /P.O. Box/Rural Route/etc.)		(City)		(State) (Zip)	
Agency by which presently employed		City		Mo Day Yr Sex	
Date of Birth					
CHECK APPROPRIATE BOX: ? NEW MEMBER/HIRE ? NAME CHANGE ? CHANGE BENEFICIARY/OTHER					
YOU <u>MUST</u> COMPLETE THE BENEFICIARY INFORMATION ON REVERSE SIDE					
DO NOT FOLD					
<u>NOMINATION OF BENEFICIARY</u>					
You may nominate one or more primary or contingent beneficiaries by using a separate line for each person. Circle "P" for primary or "C" for contingent. Contingent beneficiaries receive benefits only if all listed primary beneficiaries are deceased. If you list two or more primary or contingent beneficiaries, they will be on a share and share alike basis, if you wish a different allocation, please specify under "Other".					
I nominate as my beneficiaries: (for a woman, use her first name and initial, not Mrs. and husband's name and initial.)					
PLEASE PRINT OR TYPE					
<u>CIRCLE P or C</u>	NAME (Last, First and MI)	DATE OF BIRTH	RELATIONSHIP SEX	TO MEMBER	
P or C					
P or C					
P or C					
P or C					
P or C					
P or C					
Other					
THIRD PARTY WITNESS - REQUIRED		DATE		MEMBER SIGNATURE- REQUIRED	

Figure 7
Membership Card (Front and Back)

Contribution Rates - SRS

Member Contributions

The retirement statutes set the member's contribution rate and only the legislature may change the rate. Since July of 1985, the taxes are deferred on member contributions and the interest these contributions earn. Tax deferred means the member does not pay taxes until receiving the contributions as a refund or a benefit. The employer must compute and deduct the contributions from the employee's pay before deducting federal and state taxes. The current contribution rate is 9.245% of the employee's total compensation.

Employer Contributions

Current law also requires all employers to contribute 9.535% of their total SRS-covered payroll to the retirement system. Each payroll reporting period, the employer must send the total employee and employer contributions to the MPERA. The MPERA will put the contributions in the trust fund.

Additional Service Purchase Contributions

Any member may contribute beyond regular contributions, but **only to purchase service**. The next section explains service purchases. The member must select a payment schedule provided by the MPERA. An active member can make monthly payments by tax-deferred payroll deduction. These contributions **are** tax deferred and should be deducted **before** computing federal and state taxes.

Service Purchases - SRS

General

SRS members may purchase certain types of service for retirement credit. Some service will count as both service and membership credit, and some will only count as service credit. The following table lists the type of service and the computer code which identifies the service.

SERVICE	CODE
Refund	025
Military	026
1-for-5	040
Other Public	042
Retro Coordination	046
Refund Coordination	047
Active Account Coordination	048

Members who want to purchase service must send a **written request** to the MPERA to receive a cost statement. The member may pay the cost in one lump-sum or active members may make monthly payments by tax-deferred payroll deduction. Inactive vested members, members not paid monthly, or members who wish to self-pay, may send payments directly to the MPERA. (These payments are not tax-deferred.)

The MPERA will account for monthly contributions to purchase service in a separate account. When payment for the service is complete, the contribution for the service purchase will become part of the member's accumulated contributions. These contributions accumulate interest which is tax-deferred.

The member must sign and file a *Payroll Deduction Authorization* form to take advantage of the tax-deferred payroll deduction. Instructions and a sample form are at the end of this section. This irrevocable agreement may not be terminated except by death or termination of employment. The payment schedule cannot be less than three months or more than 60 months (five years).

The member may pay the cost in one lump-sum or by monthly payments. Active members may make monthly payments by tax-deferred payroll deduction.

System Requirements

Members may not receive credit for the same service in more than one retirement system.

If the service purchase is not completed before the member retires, the service credit will be pro-rated; or, the member can make a lump sum payment to complete the service purchase. Members may not receive credit for the same service **in more than one retirement system**.

The following paragraphs briefly describe some types of service a member may buy. This section does not discuss service purchases in detail and is only a summary of the procedures. Members may purchase service and may also transfer service from other Montana public retirement systems.

Postponing a purchase may increase the cost, since the calculation may use a higher salary, a revised actuarial cost, or include more interest. Any member interested in buying service should write or call the MPERA for details.

Military Service

A member may buy up to five years of active military service when they have at least 15 years of membership service. A member may purchase one year of military service for each year of SRS service credit in excess of 15 years. (e.g., a member with 16 years and seven months of service credit may purchase up to one year and seven months of military service).

Refunded Service

Members who received a refund of their SRS account from previous employment may qualify this service as membership and service credit. The member must repay the contributions plus interest that would have accrued had the member not taken a refund. Requests to purchase refunded service must include the following: the approximate dates of service, the employer's name, the member's social security number, and the member's last name during the service. All previous names are needed because the MPERA may have data filed under those names. For example, a member may have changed names due to marriage or divorce. The MPERA will research the previous service and provide the member with a cost statement.

Other Montana Public Service

A SRS member may at any time before retirement, qualify public service from other statewide retirement systems. The member must have received a refund, or be eligible to receive a refund, of the member's accumulated contributions in the other system. To qualify the service, the member must send the MPERA as much information as possible about the other retirement system and employment. The information must include proof the member terminated employment covered by the other system.

1-for-5 Service

Previous employment with the state or other political subdivisions of the state may also be qualified for service credit. The member must provide salary and employment documentation certified by the member's former employer.

At any time before retirement, a member may buy one additional year of service credit for every five-year period of membership service. A member must meet certain eligibility requirements to purchase the additional service. Additional service for the SRS qualifies as **both** membership service and service credit. It may not be used to qualify for the purchase of military service. The MPERA will include the additional service when calculating the amount of the retirement benefit.

Note: The total purchase of military and 1-for-5 may not exceed five years.

**Payroll Deduction
Authorization**

SRS members who choose to purchase service by payroll deduction must complete the *Payroll Deduction Authorization* form. Refer to the sample form on the next page. Employers must sign this form and immediately send it to the MPERA when it is completed by the member. The member and employer each keep a copy and the MPERA receives the original. The form must be completed and returned to MPERA before the first payment is received.

Section I.

This section provides information regarding this irrevocable contract. The contract may not be revoked, except if the member dies or terminates service.

Section II.

The MPERA will complete the first part of this section as follows:

1. **Number of months** of service the member has contracted to purchase.
2. **Type of service** the member is purchasing.
3. **Number of the Section of the Montana Code Annotated** (MCA) which provides for this service purchase.

The Employee must complete the following:

1. **Amount per month** to be withheld from the employee's salary.
2. **Number of months** this amount is to be withheld.
3. **Date** the payroll deduction will begin.
4. **Signature of Member and Date.**
5. **Name of Member** (printed).
6. **Social Security Number** of member.

The employer must complete the bottom of the form:

1. **Signature of Employer Representative.**
2. **Title and Telephone Number** of Employer Representative.
3. **Date** of Signature.

Members of retirement systems administered by the Public Employees' Retirement Board may purchase refunded service and other types of optional service by the terms in Title 19 of the Montana Code Annotated. If you choose to pay by tax deferred payroll deductions, you must complete this irrevocable contract.

- Employee MUST complete ALL blanks remaining above.**

Signature of Member (employee)

Date

Name of Member (employee) - Printed	Social Security Number
-------------------------------------	------------------------

The employer agrees to make the deductions required by this contract.

Signature of Employer Representative	Title and Telephone Number	Date
--------------------------------------	----------------------------	------

Member keeps pink copy, employer keeps yellow copy, and MPERA receives white original form.

Last Updated 01/03

Absences - SRS

Work-Related Illness or Injury

A member may qualify an absence due to a work related injury or illness as membership service. The absence may not exceed five years and must be determined to be work related within one year after the end of the absence. If the absence meets these two conditions, it will be credited as membership service. To qualify the absence as service credit, the member must meet the following additional requirements:

1. The illness or injury must qualify the member for Worker's Compensation payments.
2. After returning to work, the member must notify the Board in writing of the member's intention to pay the contributions due.
3. The member must pay the contributions he would have paid had the member not been absent.
4. If the member received a refund of his accumulated contributions, the member cannot qualify the period of absence.

After returning to work, the member **must** complete the *Election to Qualify Absence* form. **The employer must send the completed form to the Montana Public Employee Retirement Administration, regardless of the member's election.** The form serves as written notice of the member's intent to pay the contributions if the member so elects. Instructions and a sample form are at the end of this section.

For the member to qualify the absence, the employer must certify the salary the member would have earned if not for the absence.

For the member to qualify the absence, the employer must certify the salary the member would have earned if not for the absence. The MPERA will determine the amount of the member and employer contributions and interest due. A member may pay the cost in one lump-sum payment or by installment payments. The Board will grant a member one year to pay the balance due without interest.

The employer must pay the employer's contributions but is not required to pay the interest due on the employer's contributions. An employer who pays the interest must do so for any other member in a similar case. If the employer declines to pay the interest on the employer's share, then the member must pay the interest.

**Election to
Qualify Absence**

Refer to the sample form on the next page.

1. **Name**, the member's last and first name, and middle initial.
2. **SSN**, the member's social security number.
3. **Dates of Absence**, include the entire period of absence.
4. **Initials**, ensure the member initials only one choice.
 - Does **not** wish to purchase disability absence.
 - **Does** wish to purchase service. The MPERA will prepare a cost statement and send it to the member.
5. **Signature of Member** and date signed.
6. **Address** of the employee.
7. **Employing Agency**, name of agency employing the member when the absence occurred.
8. **Contact Person**, the name of an official from the employing agency whom the MPERA staff may contact.
9. **Mailing Address** of the contact person.
10. **Officials Signature** and date signed.
11. **Telephone Number** of the agency official.

The member must complete this form within 12 months of returning to work. The member is not bound by the choice made on this form and may change the choice later.

For the member to qualify the absence, the employer must certify the salary the member would have earned if not for the absence.

MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION
PO BOX 200131
HELENA MT 59620-0131

ELECTION TO QUALIFY ABSENCE

To Receive Service Credit for an absence covered under Worker's Compensation.

Please Print:

Name _____ SSN _____

Dates of Absence - From _____ to _____

My employer has advised me that I may make contributions for the above absence and receive service credit.

_____ I DO NOT WISH TO QUALIFY THIS SERVICE.
(INITIALS)

_____ I DO WISH TO QUALIFY THIS SERVICE - PLEASE PROVIDE THE COST.
(INITIALS)

Signature of Member _____ Date _____
Street Address _____
City, State, Zip _____

EMPLOYER CERTIFICATION - REQUIRED:

Employing Agency _____
Contact Person _____
Street Address _____
City, State, Zip _____

Officials Signature _____ Date _____
Telephone Number _____

ATTENTION : This form must be submitted to the MPERA within one year of the employee returning to work. You should retain a copy for your records and forward the original to the MPERA. If the employee elects to qualify this service, you must certify the salaries this employee would have earned if not for the work related absence. A certification form is attached. Reference 19-3-504, 19-6-810, 19-7-810, 19-8-905, MCA.

Figure 9
Election to Qualify Absence

Final Salary - SRS

General

The MPERA must have the last month's salary, and any payout the member received, to calculate the retiree's final retirement benefit.

One factor used to calculate a retiree's monthly benefit, is the highest average compensation (HAC). For the SRS, highest average compensation is the average of the member's highest three years of salary. Normally, because people receive raises and promotions throughout their careers, the last three years of salary are the highest. The MPERA must have the last month's salary, and any payout the member received, to calculate the retiree's final retirement benefit.

The MPERA may pay a retiree an estimated benefit while determining the final benefit, but for no more than three months. If the MPERA cannot determine a final retirement benefit after three months, benefit payments to the member will stop. Benefit payments will not resume until the MPERA determines the final retirement benefit. Any delay in reporting a retiree's final salary may require the MPERA to stop the retiree's benefit payments after three months.

Certification of Final Salary

*Employers must complete and return the form to the MPERA **within 30 days** of when the member retired.*

When a member requests retirement, the MPERA will send the appropriate forms to the member. First the member must complete and return all forms to the MPERA. The MPERA will then send the employer a *SRS Final Salary* form. The employer must verify the final salary; this data is used to compute the member's final retirement benefit. Employers must complete and return the form to the MPERA within 30 days of when the member retired.

Final salary for the SRS includes all compensation paid to the member. Compensation means any payments to an employee from funds controlled by the employer. A lump-sum payment may not be added to a single month's compensation.

A final salary form must contain details through the **last day** of the member's employment. A member's last day of "work" may not be the last day of "employment." For example, if a member works until March 10 then uses vacation or sick leave until March 31, the **last day of employment** is March 31. The employer must certify the hours of regular, overtime, vacation, and sick leave. Total hours must match total payment for the reported period. (In other words, the total hours times the rate of pay must equal the total payment.)

System Requirements

Instructions for Completing the Form

The MPERA requires the number of regular, vacation, sick leave hours and overtime, the correct hourly rate, and the amount paid.

Following are the instructions for completing the *Final Salary – SRS* form. The MPERA will complete the top part of the form. Refer to the following sample for information on the section which the employer must complete.

1. **Last day of work.** This includes sick leave or vacation leave your employee uses. If your employee ends employment on February 28, but stays on the payroll using vacation or sick leave until March 31, then March 31 is the last day of employment.
2. **Date of termination.** This is the last day of employment. If your employee ends employment on February 28, but stays on the payroll using vacation or sick leave until March 31, then March 31 is the last day of employment. If the member takes leave without pay until July 10th, the date of termination is July 10. The member is not eligible to receive any retirement benefits until termination of employment occurs.
3. **Final payment.** You must provide a breakdown of the hours reported on the member's final paycheck. The MPERA requires the number of regular, annual leave, sick leave hours and overtime, the **correct hourly rate**, and the amount paid.
4. **Total**, should equal the total paid to the member.
5. **Period of Termination Final Payment**, is the last payroll period for which the member will receive a check or payment. If payment for vacation, sick leave, or final regular hours will be for March, then March is the period of separation. This example assumes a monthly pay period, but if your pay periods are different, use whatever your pay periods are. In addition to the pay period ending date you must provide the salary paid and contributions withheld.
6. **1st and 2nd Period Before Termination**, should reflect the total salary paid and contributions withheld for those periods. (In the above example, the first and second pay periods will be February and January, respectively.) Salary and contributions for the two preceding and separation pay periods must agree with the amounts reported by the payroll reports.
7. **Signature**, of the person who prepared the form.
7. **Title**, of the person who prepared the form.
8. **Date** prepared.
9. **Telephone Number**, of the person who prepared the form.

MONTANA PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION
 PO BOX 200131
 HELENA MT 59620-0131
 406-444-3154

Final Salary- SRS

TO: NAME:
 SSN:
 FOR:

This employee submitted a RETIREMENT application stating a termination date of [Retirement Date]. If this member has not terminated or is using vacation or sick leave on a daily basis after this date, please contact this office *immediately*. Complete this form and furnish the following information at the **earliest possible date**. The amounts shown below **must** agree with the amount reported to the MPERA. Payment for annual and sick leave should be paid in a lump sum (unless otherwise specified by the employee) and contributions must be withheld from all compensation.

Last day of work (sick leave, LWOP or vacation) _____ Date of Termination _____

Final payment for: Hours Rate Amount

Regular Hours x \$ _____ = \$ _____

Annual Leave x \$ _____ = \$ _____

Sick Leave x \$ _____ = \$ _____

Overtime x \$ _____ = \$ _____

Other x \$ _____ = \$ _____

(Shift differential, compensation pay, etc.)

\$ _____

Report salary and contributions by pay period TOTAL

	Pay Period Ending Date	Salary Paid	Contributions Withheld
Period of Termination Final Payment (Include all final pay.)			
1st Period Before Termination			
2nd Period Before Termination			

I certify the above employee terminated employment with this agency and the information is complete and accurate to the best of my knowledge.

Preparer's Signature _____

Title _____

Date _____ Telephone Number _____

Figure 10
Certification of Final Salary Form

Working Retirees - SRS

General

A retiree employed in an SRS-covered position for less than 60 days during a calendar year is not required to become an active member. The retiree's benefit will be reduced \$1 for each \$3 earned in excess of \$5,000 during a calendar year.

SRS employers must send a monthly report to the MPERA stating the hours worked and compensation paid to an SRS retiree. Both the retiree and the employer must report this data to the MPERA; however, the employee's signature on the employer's report will suffice as the employee's report.

This report is not required for a month in which the employee does not work. Also, the report is not required if the retiree becomes an active member.

Note: Income earned from other employment does not apply to this limit.

Instructions For Completing the Forms

Statute requires the retiree and the employer to report the hours the retiree works on a monthly basis.

The following provides instructions for completing the *Working Retiree Certification* form.

Refer to the sample form following these instructions.

Page One

1. **Name**, include the first and last name of the working retiree.
2. **SSN**, is the working retiree's social security number.
3. **Month/Year**, is the month being reported and is the month the retiree worked the hours being reported. The reporting month may or may not be the month the retiree was paid for the hours.
4. **Anticipated Termination Date**, is when the temporary employment for the working retiree will end, if known.
5. **Hours**, should be reported as you would complete a time card. If the retiree worked 16 regular hours and 1.5 overtime hours, report both regular and overtime hours. Report all other hours separately, such as sick leave and vacation hours.
6. **Rate of pay** is the hourly wage paid.
7. **Total Wages**, is the hours time the rate of pay.
8. **Agency**, is the name of the agency employing the working retiree.
9. **Telephone**, is the telephone number of a person whom the MPERA may contact.
10. **Clerk**, or an official responsible for completing the report. An official must sign the form.
11. **Date** of the clerk's signature.
12. **Retiree Signature**, the retiree must sign the report.
13. **Date** of the retiree's signature.

Page Two

A calendar is on the reverse side of the form to assist you in calculating the total paid hours during the month.

14. Statute requires the retiree and the employer to report the hours each retiree works on a **monthly basis**. Even if employees are paid every two weeks, the reports must be submitted monthly, not bi-weekly. Complete the number of hours the retiree worked each day, then compute the totals at the end of the month.

NOTE: Both sides of the form must be completed.

System Requirements

SHERIFFS' RETIREMENT SYSTEM (SRS) MONTHLY WORKING RETIREE CERTIFICATION

All SRS retirees employed in a SRS-covered position ***must*** report the hours worked and the gross wages earned to the Montana Public Employee Retirement Administration (Montana PERA) ***each month***. **A RETIREE MUST HAVE RECEIVED AT LEAST ONE BENEFIT CHECK AND BE RETIRED FOR AT LEAST 30 DAYS BEFORE ACCEPTING A PERS-COVERED POSITION. IF THESE TWO CONDITIONS ARE NOT MET, THE RETIREE WILL BE REIN-STATED TO ACTIVE MEMBERSHIP.**

A retiree employed by a covered agency for more than 480 hours in a calendar year will be reinstated to active membership and retirement benefits terminated until you again retire. The agency with whom a retiree works **and** the retiree must report to the MPERA the hours worked and the amount earned while employed. Should you earn more than \$5,000 in a calendar year in covered employment, your retirement benefit will be reduced \$1.00 for each \$3.00 in excess of the \$5,000.00 limit. **There must be a 30 day break in service before returning to SRS employment.** No deductions are required if you work for any employer that is not a member of our retirement system.

You, as the employer, must file this report ***monthly*** for each working retiree. Report all paid hours including regular hours and rate of pay, overtime hours and rate of pay, and total gross wages for the month. Complete the reverse side of this form. The hours reflected on the calendar must total the hours reported below.

THE RETIREE MUST VERIFY ALL INFORMATION, SIGN AND DATE THIS FORM.

THE RETIREE'S SIGNATURE ON THIS REPORT MEETS THEIR REPORTING REQUIREMENT

Report all hours for pay in the appropriate category below. All time for which compensation is received must be reported.

NAME _____ SSN _____

HOURS WORKED AND WAGES EARNED **DURING** THE MONTH OF _____ 20____

ANTICIPATED TERMINATION DATE _____

	HOURS	RATE OF PAY	TOTAL WAGES
REGULAR HOURS			
OVERTIME HOURS			
VACATION			
SICK LEAVE			
HOLIDAY PAID			
HOLIDAY WORKED			
COMP TIME			
SHIFT DIFFERENTIAL			
TOTALS			

AGENCY (required) _____ TELEPHONE _____

CLERK (required) _____ DATE _____

RETIREE SIGNATURE (required) _____ DATE _____

RETURN THIS FORM TO: Montana PERA • PO Box 200131 • Helena MT 59620-0131
Phone: 406-444-3154 or 877-275-7372 (toll free)

Figure 11
Monthly Working Retiree Certification

Month of _____, 20____						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

<p style="text-align: right; margin: 0;">Total Hours</p> <p>RH=Regular Hours _____</p> <p>OTH=Overtime Hours _____</p> <p>VAC=Vacation _____</p> <p>SL=Sick Leave _____</p>	<p style="text-align: right; margin: 0;">Total Hours</p> <p>HP=Holiday Paid _____</p> <p>HW=Holiday Worked _____</p> <p>CT=Comp Time _____</p> <p>SD=Shift Differential _____</p>
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REPORTING INSTRUCTIONS

1. Fill in month and year.
2. Fill in the days of that month in the upper right hand corner.
3. Write the hours worked on a daily basis. Label the type of hours (i.e. Jan. 3, 2000...6 RH 2 SL...this means the retiree worked 6 regular hours on the 3rd of January and has 2 hours of sick leave.)
4. At the end of each month, total regular hours, overtime hours, vacation hours, sick leave, holiday pay, etc. in the space provided.
5. Record all information from number 4 in the space provided **on the front of this form**. Fill in the rate of pay for each, and calculate the total amounts in the wages column. Total all the wages.
6. Before returning this form to the Montana PERA, complete the employer information and sign and date it in the space provided. **The retiree must verify all information on this form and then sign and date it in the space provided.**